ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS ID NO | | DATE | |
|---------------------------|----------------|-----|----------|--|
| FEE DETERMINATION | | | | |
| O.I.P.E. CLASSIFIER | | 10 | 012-6-00 | |
| FORMALITY REVIEW | In . | 712 | B4-12-01 | |
| RESPONSE FORMALITY REVIEW | 110 | 907 | 6-20-01 | |

INDEX OF CLAIMS

| " mm" | Rejected | N | Non-elected |
|----------|----------------------------|-----|--------------|
| | | I | Interference |
| 9 60 9 - | (Through numeral) Canceled | A | Appeal |
| + 9 40 6 | Restricted | - 0 | Objected |

| 9 20 % | | | | | | |
|--|----------------|------------|--|--|--|--|
| Claim Date | Claim Date | Claim Date | | | | |
| Ctaim 1 Date Ctaim 1 Date Region Of the state of the st | Final Original | Pinal | | | | |
| ACTIVITY | 51 | 101 | | | | |
| 1 2 N N | 52 | 102 | | | | |
| 3 | 53 | 103 | | | | |
| 4 1 7 7 7 | 54 | 104 | | | | |
| 5 N N | 56 | 105 | | | | |
| 6 N N | 56 | 106 | | | | |
| 7 N N | 57 | 107 | | | | |
| | 58 | 108 | | | | |
| 9 2 4 | 59 | 109 | | | | |
| 10 V V V | 60 | 110 | | | | |
| | 61 | 111 | | | | |
| - 12 N N | 62 | 112 | | | | |
| 14 M M | 64 | 113 | | | | |
| 1 15 I IN A I I I I I I | 65 | 114 | | | | |
| TE ≥ V V V | 66 | 116 | | | | |
| 17 | 67 | 117 | | | | |
| 18 | 68 | 118 | | | | |
| 19 | 69 | 119 | | | | |
| 20 | 70 | 120 | | | | |
| 21 | | 121 | | | | |
| 22 | 72 | 122 | | | | |
| 23 | 73 | 123 | | | | |
| 24 | 74 | 124 | | | | |
| 25 | 75 | 125 | | | | |
| 26 | 76 | 126 | | | | |
| 27 | 77 | 127 | | | | |
| 28 | 78 | 128 | | | | |
| 29 | 79 | 129 | | | | |
| 30 | 80 | 130 | | | | |
| 32 | 81 82 | 131 | | | | |
| 33 | 83 | 132 | | | | |
| 34 | 84 | 134 | | | | |
| 35 | 85 | 135 | | | | |
| 36 | 86 | 136 | | | | |
| 37 | 87 | 137 | | | | |
| 38 | 88 | 138 | | | | |
| 39 | 89 | 139 | | | | |
| 40 | 90 | 140 | | | | |
| 41 | 91 | 144 | | | | |
| 42 | 92 | 142 | | | | |
| 43 | 93 | 143 | | | | |
| 44 | 94 | 144 | | | | |
| 45 | 95 | 145 | | | | |
| 48 | 96 | 148 | | | | |
| 47 | 97 | 147 | | | | |
| 48 49 | 98 | 148 | | | | |
| 50 | 99 | 145 | | | | |
| 130 | 100 | 15C | | | | |

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)